



STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
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LITTLE ROCK, AR 72201



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**FMLA Form 003**

**PRINCIPALS, PARTNERS, OFFICERS, TRUSTEES, DIRECTORS AND MANAGERS**

**NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

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Applicant/Licensee: \_\_\_\_\_ AR License Number\* \_\_\_\_\_  
\*Enter "PENDING" if license number has not yet been issued.

Type of Person (Check all that apply)	Owner- ship %	Last, First, Middle Name & Title	Telephone Number	SSN	Date of Employment
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)		Last _____ First _____ Middle _____ Title _____			
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)		Last _____ First _____ Middle _____ Title _____			
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)		Last _____ First _____ Middle _____ Title _____			